U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name MIChite L S Sepesy Labor Organization File Number 035030	,				
Name MICHAEL S SEPESY Name GREATER PA. REGIONAL CONNEIL OF CARD Labor Organization File Number 035030	<u> હે.ઇ.સ્ટ</u>				
Labor Organization File Number 035030	6,010,0				
P.O. Box, Bldg., Room No., if any					
Street 495 MANSFIELD AVE.					
City PITTEBURGA]				
State ZIP Code + 4 State 74, ZIP Code + 4 522	25				
5. Position in labor organization. Business Representative					
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
7.b. Amount.					
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Mulacl S. Sopozy On 12/23/05 412-922-6205 Ex. 4 Date Telephone Number	<u>546</u>				

Name of Person Filing MICHAEL S. Selesy		File Number U- 035	- 030		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name PNC FINANCIAL SERVICES. GROUP Trade Name, if any: P.O. Box, Bldg., Room No., if any Two PNC PLAZA Street 626 LIBERTY AVENUE. City PITTS BURGH State PA ZIP Code +4 15222	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	•			
Name GREATER PA CARFENTERS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 495 MANSTIELD AVENUE	LAUREL	VALLEY 60	LF OUTING		
	11.b. Approximate dollar valu	ue of such dealing.	\$577.00		
State PA ZIP Code + 4 13-205	12.a. Nature of interest hel	a or income received.			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				